ORIGINAL

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



Please type or print in ink.

ORIGINALA Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
CENTENO	JOE		
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE ZIP CODE	OPTIONAL: E-MAIL ADDRESS
1. Office, Agency, or Court		4. Schedule Summ	ary
Name of Office, Agency, or Court:		► Total number of pages including this cover page:	
BOARD OF SUPERVISORS			
Division, Board, District, if applicable:		► Check applicable schedules or "No reportable	
DISTRICT 5		interests."	
Your Position:		I have disclosed interests on one or more of the attached schedules:	
MEMBER OF THE BOARD OF SUPERVISORS		Schedule A-1 🔀 Yes – schedule attached Invesiments (Less than 10% Ownership)	
► If filing for multiple positions, list additional agency(les)/			
position(s): (Attach a separate sheet if necessary.)		Schedule A-2 Yes	- schedule attached
Agency;		Investments (10% or Greater Ownership)	
5			- schedule attached
Position:		Real Property	
		Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts	
2. Jurisdiction of Office (Check at least one box)		and Travel Payments)	TOURS SHOW GIVE THE THE
☐ State ☐ County of SANTA BARBARA		Schedule D Yes	- schedule attached
☐ City of		Schedule E Yes – schedule attached	
Multi-County		Income - Gifts - Travel Payments	
☐ Other		-or-	
		No reportable interests on any schedule	
3. Type of Statement (Che	ck at least one box)		
Assuming Office/Initial Da	te:	F 17 - 151 - 41	
ズ Annual: The period covered is January 1, 2009,		5. Verification	
through December 31, 2009.		I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any	
O The period covered is, through December 31, 2009.			
		attached schedules is true	and complete.
Leaving Office Date Left://(Check one)		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
O The period covered is Janua	ry 1, 2009, through the		
date of leaving office.		Date Signed	February 25, 2010
-or-		and a second	(morith, day, year)
O The period covered is/, through the date of leaving office.		Signature	
Candidate Election Year:		ongmaily	Signed statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSIO Name

JOE CENTENO

MS Clobal Infragtructure A (LITLAY)	► NAME OF BUSINESS ENTITY MS Tachrology Fund B (IECAY)	
MS Global Infrastructure A (UTLAX)	MS Technology Fund B (IFOAX)	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
Mutual Fund Holdings	Mutual Fund Holdings	
FAIR MARKET VALUE	FAIR MARKET VALUE	
	∑ 32,000 - \$10,000	
S100,001 - \$1,000,000	\$1,000,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT Mutual Funds	NATURE OF INVESTMENT Mutual Funds ☐ Slock ☑ Olher	
(Describe) Pertnership () Income of \$0 - \$500	(Describe)	
O income Received of \$500 or More (Report on Schedule C)	Pannership () Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	
JF APPLICABLE, LIST OATE:	IF APPLICABLE, LIST OATE:	
	31009	
	ACQUIREO OISPOSEO	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
MS U.S. Government Sec TR B (USGBX)	MS Focus Growth FD A (AMOAX)	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
Mutual Fund Holdings	Mutual Fund Holdings	
FAIR MARKET VALUE	FAIR MARKET VALUE	
☐ \$2,000 - \$10,000		
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT Mutual Funds ☐ Stock ☑ Other	NATURE OF INVESTMENT Mutual Funds	
Stock Other (Describe)	Slock X Other (Describe)	
Partnership () Income of \$0 - \$500 () Income Received of \$500 or More (Report on Schedule C)	Partnership Income of \$0 - \$500 Partnership Income Received of \$500 or More (Report on Schedule C)	
O lucosite Received of 2000 of More (Keboli of Striedlie of	O modifie Received of 3300 of Micke (Report on Scriedille L)	
IF APPLICABLE, LIST OATE:	IF APPLICABLE, LIST DATE:	
ACQUIREO DISPOSEO	ACQUIREO 0ISPOSEO	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
MS CA Tax Free Income Fund A (CLFAX)		
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL OESCRIPTION OF BUSINESS ACTIVITY	
Mutual Fund Holdings		
FAIR MARKET VALUE	FAIR MARKET VALUE	
∑ \$2,000 - \$10,000	000,007 × \$10,000	
S1:00,001 - \$1,000,000 Dver \$1,000,000		
NATURE OF INVESTMENT	NATURE OF INVESTMENT	
Stock Other (Describe)	Slock Other	
Partnership O Income of \$0 - \$500	Partnership Olincome of \$0 - \$500	
○ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	F APPLICABLE, LIST DATE:	
3 / 10 / 09 / / 09		
ACQUIRED DISPOSED	ACQUIRED OISPOSED	
Comments:		